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FAX FILING IN U.S. PATENT &amp; TRADEMARK OFFICE

DATE: July 28, 2004

TIME:

TO:	Mr. Pinchus Laufer (703-306-4160)	FAX NO.:	703-305-8266
FROM:	Jack J. Jankovitz	ADMIN. ASST.:	D. Spratt
APPLN. NO.:	10/017,973	ATTY. DOCKET NO.:	MTS-520US5
TITLE OF APPLN.:	MARK FORMING APPARATUS, METHOD OF FORMING LASER MARK ON OPTICAL DISK, REPRODUCING APPARATUS, OPTICAL DISK AND METHOD OF PRODUCING OPTICAL DISK.		
FILING DATE:	December 7, 2001	ART UNIT:	2137
FIRST INVENTOR:	Mitsuaki Oshima, et al.	CONF. NO.:	9590
TITLE OF DOCUMENT (and List of Attachments): Amendment and Transmittal Form			

Total Number of Pages: 8 (including this form)

## COMMENTS

As requested, enclosed are (1) a new Reissue Declaration, and (2) cross-reference in the specification to other applications.

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PTO/SB/21 (02-04) (AW 02/2004)

Approved for use through 7/31/2006. OMB 0651-0031


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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/017,973
	Filing Date	December 7, 2001
	First Named Inventor	Mitsuaki Oshima, et al.
	Art Unit	2137
	Examiner Name	Paul E. Callahan
	Attorney Docket No.	MTS-520US5
Total Number of Pages in This Submission 7		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Jack J. Jankovitz	Registration No. (Attorney/Agent)	42,690
Signature			
Date	July 28, 2004		

## CERTIFICATE OF TRANSMISSION / MAILING

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Typed or printed name	Jack J. Jankovitz	Date	July 28, 2004
Signature			

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